



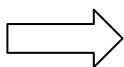
# NEW FIRMS CHECKLIST FOR SUBMITTING YOUR 2007 LICENSE

## REQUIRED DOCUMENTS

- A) License application ([PI-079](#))
- B) Proof of insurance
- C) Incorporation, partnership, or assumed name documents (where applicable)
- D) Notarized Statement of Experience ([PI-217](#)) if adding a new category

### A) LICENSE APPLICATION

- \_\_\_ 1. Is the current and full legal name of the business on the application?
- \_\_\_ 2. Have you filled in the emergency phone number and the fax number? Note: *E-mail address requested for 2007!*
- \_\_\_ 3. Are *all* the applicators full names and certification/registration numbers listed? Attach an additional sheet if necessary. *It is the responsibility of the license applicant to provide updates to MDA regarding any changes in status of any of the firm's applicators. Certified applicator's **must be** certified in categories they are applying for before submitting business license application.*



**If you or your employees have recently taken certification exams, please attach copies of your receipt(s) that show the exam scores and dates.**

- \_\_\_ 4. Have you selected all the license categories that your firm intends to provide application services for?  
\_\_\_ Does your listing of certified applicators cover all those categories?
- \_\_\_ 5. **IS THE APPLICATION SIGNED?** We cannot process an application that is not signed.
- \_\_\_ 6. Have you enclosed a check or money order for **\$100.00**, payable to **STATE OF MICHIGAN**?

**Please allow 4 to 6 weeks to process your business license.**

### B) CORPORATION/PARTNERSHIP/ASSUMED NAME DOCUMENTS

- \_\_\_ 1. Have you enclosed necessary business name documents? \_\_\_ Incorporation or Partnership verification  
\_\_\_ Assumed Name Certificate
- \_\_\_ 2. Are the certificates current and active (i.e. have not expired)?

### C) PROOF OF INSURANCE

- \_\_\_ 1. Does the insurance certificate form include:
  - \_\_\_ Exact same legal name of the business as provided on the application?
  - \_\_\_ Exact same street address for the business as provided on the application?
  - \_\_\_ Correct effective and expiration dates that coincide with the license year? It is the responsibility of the license applicant to provide a current certificate of insurance to MDA – not the insurance agent's duty. You must mail or fax (517-335-4540) to Pesticide Application Business Desk, MDA -Pesticide Section any updated insurance information to our Lansing office.
- \_\_\_ 2. Are the amounts of coverage correct? See enclosed [PI-168](#) for amounts (green sheet).
- \_\_\_ 3. Does the insurance coverage include bodily injury and property damages that arise from pesticide applications?

### D) NOTARIZED STATEMENT OF EXPERIENCE

- \_\_\_ 1. Have you enclosed the notarized statement of experience (form [PI-217](#)).
- \_\_\_ 2. Does the experience statement include the required timeframe and the contact persons along with their phone numbers?